

# ***VERMONT2007***

Final Report: Assessing the Health  
Status, Health Care Needs, and  
Barriers to Care For Migrant Farm  
Labor in Franklin, Addison, and  
Grand Isle Counties  
Sponsored by People of Addison  
County Together

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## ***Introduction***

**Back Ground:** Migrant farm workers are one of the fastest growing populations in Vermont. The current estimate from the Department of Agriculture is that about 2,500 are working on dairy farms throughout the state, with the greatest concentration being in Franklin, Grand Isle, and Addison Counties. Little was know about their health status and concerns were raised by the community clinics, hospitals, and private practices that sometimes provided care. At the request of several physicians, a study was undertaken to provide a preliminary answer to three questions:

1. What is the typical health status of the workers?
2. What are the barriers to care?
3. What are some recommended solutions?

**Methodology.** The project used a qualitative mixed methodology consisting of a questionnaire (in Spanish), semi-structured interviews, and field notes. Dr. Fernando Ona, Director of Minority Health and Health Disparities for the Vermont Department of Health, pulled together a research team to develop and implement the project. The planning team consisted of Nancy Abernathy, LICSW, Moira Cook, RN, Cheryl Mitchell, PhD, and Susannah McCandless, a Doctoral candidate from Clark University. The team adapted an assessment from New York State, with specific questions to fit the needs of Vermont. The proposal was submitted to and approved by the Institutional Review Board of the Vermont Agency of Human Services. The protocol was to use the survey, conduct semi-structured interviews with migrant workers, collect hand written ethnographic field notes, and compile findings and recommendations from these notes and the data sets. To protect confidentiality, only Dr. Ona had access to the data and field notes from both teams.

**The interview team** for Franklin/Grand Isle Counties consisted of two Medical students, Liz Abernathy and Laura McGevna, aided by interpreters. The interview team for Addison County consisted of Susannah McCandless (who is bi-lingual), Olympia

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Franklin, a bilingual midwifery student, and Ana Ruiz (not her real name) a native Spanish speaker and migrant worker.

**Interview subjects** were selected through recommendations from producers and the social networks (such a Spanish Mass in Addison County) and at the Mexican Consular visits. Eighteen workers from nine farms were interviewed in Franklin/Grand Isle and thirty one workers from fifteen farms were interviewed in Addison County. This total of 49 workers from 24 farms ranged in age from 18 – 51. The majority of those interviewed were male but at least 8 women were included. The estimated overall population of migrant workers in these counties is 1,200. In addition to asking about their own experiences, interviewers asked the workers to comment on what they knew about the experience of other migrants.

**Findings:** The detailed aggregated reports are included in the appendix.

**Health Status:** Health status of the migrant workers in Vermont appears to be similar to that found in national studies such as the Migrant Clinician's Network report. Workers typically report a lack of consistent primary care during childhood and adolescence, questions about whether or not their vaccinations are up to date, doubt that tetanus boosters were received, lack of screening for TB, and very limited access to dental care. However, most workers reported that it was far easier to access care in Mexico than here in the states. Typically reported ailments at the time of the interviews included skin problems such as dermatitis and fungal infections of the feet; aches, pains and injuries related to both repetitive stress and hard physical labor; respiratory illnesses; gastrointestinal problems; dental concerns and vision problems. Less reported but mentioned were parasites, high blood pressure, anxiety, depression, and gynecological concerns. In Addison County women reported good access to pre-natal care. (At the time of the study there was a bi-lingual Obstetrician practicing in the county and there is still a bi-lingual pediatrician)

The study did not include non-migrant farm labor, making it somewhat difficult to separate health concerns related to agricultural work from those related to migrant status. Further exploration of this area would be helpful. Although not specifically a health care problem, the issues of social isolation and the climate of fear surrounding being an undocumented worker were mentioned frequently as having huge negative impact on the workers lives and sense of well-being.

### **Barriers to Care:**

Although most of the workers considered themselves to be healthy, the need for care arises on a fairly regular basis. At the current time most care is provided through community free clinics, hospital ER rooms, and a few private practices. There are many clearly articulated and challenging barriers to a more comprehensive and effective system of care for this population:

### **Language Barriers:**

This is an ongoing challenge for patient and provider alike. Even in those settings with bilingual staff, there are still many workers who do not speak Spanish but rather an unrelated indigenous Mexican language. Setting up appointments, arranging for transportation, or communicating symptoms over the phone are all challenging tasks for non-English Speakers. Even in the health care setting, with a translator available, there may be misunderstandings based on culture. Frequently patients and providers must rely on a fellow worker who has a little English, which means communication is often hazy. Although more and more materials are available in Spanish, health care and social service workers still report the language barrier to be huge.

### **Transportation:**

It is almost unheard of for an undocumented worker to have access to a car, which means that they are dependent on others for transportation to health care as well as meeting basic needs not available on the farm. In many cases transportation is provided by the

producer or his/her family, sometimes by community volunteers, sometimes by paid community drivers, and occasionally by public transit systems.

**Climate of Fear:**

The fear of being apprehended when out in public is very strong in this population. There have been many stories of people being seized and deported. Ironically it was only after being apprehended, that some workers reported getting health care. Given the trauma that many workers experienced when they first crossed the border, they are very fearful of becoming the objects of public safety and ICE enforcement activities.

**Employer/Employee Dynamics:**

This is one of the most challenging issues since the migrant workers are so dependent on the producers for wages, housing, shopping trips, and social context. In the interviews it appeared that it was often the producers who pushed their workers into getting health care. The workers were hesitant to ask their employers for time off to attend to health care needs and seemed to have a sense of not wanting to express their health care concerns for fear of being seen as less valued workers.

**Machismo:**

There was some sense that it was considered unmanly for male workers to acknowledge having health care needs.

**Lack of Health Insurance:**

Because the majority of workers are undocumented, they are not eligible for insurance such as Medicaid, VHAP or Catamount Health that other low wage agricultural workers have access to. Unlike workers with seasonal guest work visas, who do have health insurance, the dairy farm workers are not eligible for such programs despite the undisputed need for migrant labor (it is estimated that more than half the milk production in Vermont has migrant workers involved).

**Lack of Services:**

Like many rural communities in Vermont, there is simply a shortage of care available at convenient hours or available at all. This is particularly true for dental services.

**Lack of Information:**

Some workers report not even knowing the names of their employers, much less the address of the farm. For at least half, the first information they had obtained about available health care services was from the project interviewers. Information about how to treat specific ailments was also lacking, with some reporting that they used Ibuprofen for any and all concerns.

**Recommended Solutions:**

**Mobile Clinics:**

Like the project being explored in Franklin County, bringing health care to the farm, or at least out into the small rural communities, seems very hopeful, particularly if the staff are multi-lingual or have dedicated translators. Such clinics could also serve a wider population of agricultural workers and rural residents.

**Primary Care Outreach Clinics:**

Utilizing events such as the Spanish Mass or the Pentecostal Services as a site for basic screenings (TB, blood pressure, cholesterol), vaccinations, and referrals for further treatment is another potentially productive approach, possibly using the services of Medical and Nursing Students to staff the sessions.

**Increasing the pool of easily accessible translators:**

One of the most cherished resources in the community is the Migrant Ed teacher who is able to come on the farm on a regular basis. Increasing the number of people who could

regularly be available to help workers and producers understand each other and their needs, and who could be on call to provide transportation and translation for health and social service visits, would be very advantageous. In Addison County, RSVP is helping to coordinate such an effort.

**Cultural Competency and language training for health care and social service workers is needed, as are Spanish classes for the producers and their families.**

This is a role that advanced level college students could play.

Bilingual legal services and the creation of social activities to help people stay connected with their culture as well as activities to help them feel integrated into the wider community were also mentioned.

**Challenges and areas for further study:** This project was designed as a pilot health care assessment for the migrant population. It provided an opportunity to test the interview procedures, to become familiar with some of the producers, and to identify key themes. As noted earlier, it did not touch on the health status or needs of the producers and their families, nor of the non-migrant dairy workers. Neither did it explore any of the other major Vermont industries that are increasingly dependent on migrant labor (other forms of agriculture, food services, hospitality, janitorial to name a few). Although a small lit review was done at the beginning of the project, there is still a pressing need for identifying best practice in other states and countries. We also need an expanded interview protocol to capture the ideas of producers and health care providers.

It was challenging to implement the project in two geographically separated regions and the project team felt that it would have been very helpful to have had an opportunity for more regular meetings. One of the initial challenges was gaining access to the workers and helping to overcome their concerns about being asked questions. In Franklin County it was particularly helpful that it was clear the interview data might help support the

development of a mobile clinic. In Addison County it was particularly helpful that one member of the interview team was herself a migrant worker.

**Appendix:**

Assessing the Needs of Migrant Workers in Franklin County, VT

Author: Laura McGevna

A Pilot Study of Migrant Farmworker Health in Franklin and Grand Isle Counties

Author: Liz J. Abernathy

Addison County Health Needs Assessment

Authors: Olympia Franklin, Ana Ruiz, Susannah McCandless